



Lon J. Lutz, M.D., D.A.B.P.M.
Interventional Pain Medicine

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Referral Form

****All referrals and orders need to be accompanied by a patient demographic sheet to expedite the patient being scheduled.**

Patient's Name

Patient's Phone

Patient's Date of Birth

Referral Date

Referring Physician's Name

Referring Clinic Phone

Referring Clinic

Appointment Date & Time

Primary Area of Pain

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other (*please specify*):

Referral Information

- Patient will call to schedule.
- Pain Consult Only: *Available at Landmark Pain Center or Minnesota Valley Surgery Center.*
- Consult with Procedure
 - Specific Procedure: _____
 - Procedure at Dr. Lutz's Discretion
- Specific Procedure Only:

Locations

Landmark Pain Center
17 West Exchange Street
Suite 307
St. Paul, MN 55102
(651) 968-5465 fax (651) 968-5493

High Pointe Surgery Center
8650 Hudson Boulevard
Suite 235
Lake Elmo, MN 55042
(651) 968-5465 fax (651) 968-5493

Minnesota Valley Surgery Center
1000 140th Street West
Suite 102
Burnsville, MN 55337
(952) 232-1135 fax (952) 232-1150